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**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2001

Application or Docket Number

10037293

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

| TOTAL CLAIMS                     |   |              |                          |
|----------------------------------|---|--------------|--------------------------|
| FOR                              |   | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 7 | minus 20 =   | 0                        |
| INDEPENDENT CLAIMS               | 7 | minus 3 =    | 0                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |   |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

| RATE      | FEES   | RATE         | FEES   |
|-----------|--------|--------------|--------|
| BASIC FEE | 370.00 | OR BASIC FEE | 740.00 |
| X\$ 9=    |        | OR X\$18=    |        |
| X42=      |        | OR X84=      |        |
| +140=     |        | OR +280=     |        |
| TOTAL     | -0-    | OR TOTAL     | -0-    |

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  | Total                            | • 18  | Minus                              | ** 20 = 0                |
| Independent                                    | • 3                              | Minus | *** 3                              | = 0                      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

| RATE            | ADDITIONAL FEE | RATE               | ADDITIONAL FEE |
|-----------------|----------------|--------------------|----------------|
| X\$ 9=          | /              | OR X\$18=          | /              |
| X42=            | /              | OR X84=            | /              |
| +140=           | /              | OR +280=           | /              |
| TOTAL ADDT. FEE | -0-            | OR TOTAL ADDT. FEE | -0-            |

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  | Total                            | • 16  | Minus                              | ** 20 =                  |
| Independent                                    | • 2                              | Minus | *** 3                              | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

| RATE            | ADDITIONAL FEE | RATE               | ADDITIONAL FEE |
|-----------------|----------------|--------------------|----------------|
| X\$ 9=          | /              | OR X\$18=          | /              |
| X42=            | /              | OR X84=            | /              |
| +140=           | /              | OR +280=           | /              |
| TOTAL ADDT. FEE |                | OR TOTAL ADDT. FEE |                |

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  | Total                            | •     | Minus                              | **                       |
| Independent                                    | •                                | Minus | ***                                | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

| RATE            | ADDITIONAL FEE | RATE               | ADDITIONAL FEE |
|-----------------|----------------|--------------------|----------------|
| X\$ 9=          |                | OR X\$18=          |                |
| X42=            |                | OR X84=            |                |
| +140=           |                | OR +280=           |                |
| TOTAL ADDT. FEE |                | OR TOTAL ADDT. FEE |                |

7/27/05

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.